



## **BME Conference**

Report and Analysis  
Of Workshops  
Held on 22<sup>nd</sup> June 2005  
At  
Ashton Town Hall

Prepared by Hakeel Qureshi

Tameside Third Sector Coalition

## **Introduction**

On the 22<sup>nd</sup> of June 2005 T3SC organised a BME Conference for the purpose of discussing the issues in more depth that were raised from the BME Network.

Its aim was to highlight issues black and minority ethnic communities are facing in Tameside and how we can work together on these issues.

The key issues that were highlighted from the black and minority ethnic network were as follows:

- i) **Ethnic Health Awareness**
- ii) **Refugee and Asylum Seekers in Tameside**
- iii) **Policing Issues**
- iv) **Needs of Older people**
- v) **Engaging Young People**
- vi) **Empowering Women**

These Issues were discussed in a series of workshops on the day of the conference. (A copy of the programme is included in the appendix). 135 people attended the day from a wide range of backgrounds and groups.

**Guest Speakers: *Rushi Munshi* – Director of Cemvo (Council of Ethnic Minority Voluntary Sector Organisations) and *Kevin Mulligan* – Chief Superintendent of Greater Manchester Police** were invited as the guest speakers to talk about community cohesion and highlighted the necessity of local residents and ethnic minorities getting involved in activities and to have a say in their community on issues that effect them and particularly around celebrating diversity. Participants were able to put direct questions to the speakers on issues that affected them on a local level.

The conference formed a key part of T3SC Strategy on improving access and services for ethnic minority communities in Tameside.

The Major outcomes of the conference:

- o The Promotion and understanding of the BME Network to both hear and represent the voices of the ethnic minority communities.

### **Action points for Service Providers**

Five Action points were collated from the conference for service providers to respond to, which will enable them to ensure they meet the needs of the Black and Minority Communities.

- Make resources available
- Ensure consultation takes place
- Make services appropriate
- Make information accessible
- End discrimination in service provision

## **Key Themes from the workshops**

The key issues raised from the workshops were:

- Need of more communication with local BME residents and groups
- BME communities should be encouraged to get involved.
- Help and assistance with core funding for more sustainability for ethnic minority communities.
- More help from other key statutory organisations for provision.

## **Proposals for the benefit of Service Providers**

- ❖ Making information accessible – Information about the range of services that are available in Tameside is not getting through to the BME communities.
- ❖ Resources available to communities – More money is needed to provide activities for community groups and for projects to be more sustainable.
- ❖ More appropriate services – make sure that services are sensitive towards the diverse cultural, religious and specific needs of community in Tameside.
- ❖ Discrimination in services – employment of BME communities within TMBC should reflect the local population and local authorities should have on going training and awareness of cultural makeup in Tameside.
- ❖ More consultation with communities –BME communities should be involved in consultation process for both local and national policies. More BME communities should be involved at higher level (board level) strategic meetings.

## **Ethnic Minority Groups Should:**

1. Black and ethnic minority groups should take steps to support and develop the local delivery infrastructure for the communities they represent and serve. They should get involved in local planning and consultations that take place.
2. Ethnic minority groups should increase local knowledge and know more than they know already. At the very least they should understand what each community is doing in Tameside.
3. Black and minority ethnic groups should try to engage in and influence change on local plans and encourage others to do so. They should also have more involvement in local forums and support others who have less knowledge or experience in various fields.

## **For Further Information**

For more Information about this conference and T3SC`s work with BME Communities please contact Hakeel Qureshi on 0161 339 4985 or email: [hakeel.qureshi@t3sc.org](mailto:hakeel.qureshi@t3sc.org)

# Workshop Notes

## **Notes from Refugee and Asylum seekers Workshop at the BME Issues Conference on the 22.06.2005**

BME Conference

New Arrivals, New Involvement

Issues raised:

- ❖ Not allowed to work or be educated/ Trained therefore feel like a drain on society, get bad press
- ❖ Arriving in country 1-2 months then support stops
- ❖ Removal of families out of the country (even if children are English born)
- ❖ More people emigrating than migration
- ❖ Laws change frequently therefore lack of understanding
- ❖ Support needed most – language support
- ❖ Asylum seekers involved in charity work
- ❖ What systems are in place to communicate with the council!
- ❖ What does an asylum seeker expect from Tameside council!

## **Notes from the women's empowerment workshop at the BME CONFERENCE 22.06.05**

### **WOMANS EMPOWERMENT (DOMESTIC VIOLENCE)**

Discussed domestic violence, can be in a different forms such as bullying, psychological/emotional and financial.

BME Community – not openly discussing sex – taught to keep things in family respect, loyalty, stigma, dishonour.

Family support?? Can be a problem as a women breaking out of a domestic violent relationship may cause problems for brother's sisters, cousins, and their future relationships.

New arrivals who find themselves in a difficult relationship have the pressure of being disowned and not being able to go home.

Immigration and marriages (legally a person has to be married and in the country for 2 years before they are entitled to British citizenship.)

If a woman reports a domestic violence in these circumstances no money or funds will be given in safe house.

Why wont women leave domestic violence :

- Children (threats of not being able to see them worries of effect on children.)
- Practical difficulties ( Money, Housing)
- psychologically traumatised and exhaustion
- May have to leave family/community
- Fear of more violence.

### **Sources of Help**

Police

Social Services

Safe House

Why don't BME communities don't use them

**Language barriers** (interpreters may know family, embarrassment, worries about confidentiality, stigma)

### **Fear**

Not knowledgeable about the sources of help available.

Do not want to leave family, may just want advice and support.

How could more support be offered?

Trained staff in places that women go to (i.e. Schools, Community centres)

Media – Based info such as Asian radio

## BME Conference

Notes from policing workshop at BME issues Conference 22.06.05

Reporting of hate crimes can be done via a number of different routes, including:

- Police stations
- GMP website
- True Vision packs from the police (some were distributed at the workshop)
- TMBC website
- Reporting stations in the community (these are intended to be independent organisations). A list of these was distributed. Shameem informed the meeting that T3SC should be removed from the list

Contacting police via 5050 number was often difficult. This was acknowledged by the officers present.

All present wanted to encourage the reporting of hate crimes, and stressed the importance of it.

To improve the community's response to reporting of crimes, the police will try to come to events, and will go out to the community.

GMPA are running some public consultations, notably Excalibur into gun crime, and another relating to victims of crime.

GMPA are also reviewing the GMP's Race Equality scheme. Some key questions raised are:

- Would you feel comfortable with contacting the police?
  - People are frightened in the community
  - People have a fear of repercussions
  - People shouldn't knock on your door if requested not to
  - Homewatch can be used for local issues
  - Asylum seekers and refugees have often had bad experiences of dealing with their local police in their countries of origin
- How to contact the police
  - People don't use 999 as they don't want to waste police time
  - People don't know the Crimestoppers number, despite publicity for this
  - Difficult to contact local station
    - Where is it
    - When is it open
    - Is the issue serious enough?
  - People might like to contact a policeman in the street, but never see one!
- If you were a victim, would you report it?
  - Young often don't – perceive racial harassment as not a crime
  - Feeling that nothing can/will be done
  - Fear of reprisals
  - Worry about what happens when victim gets out
  - Problem might come back if just 'dispersed'

## **Bill Moores, North West Regional Secretary National Pensions Convention**

The National Pensioners Convention (NPC) acts as the umbrella organisation of the pensioners' movement, throughout the country. Their affiliated groups include many national bodies and federations, associations of retired trade unionists, as well as hundreds of local and regional pensioner campaign groups.

The NPC's main objective is to promote the welfare and interests of all pensioners, as a way of securing dignity, respect and financial security in retirement.

The Pensioner's Manifesto includes the Pensioner's Charter which is a list of demands which they believe every person reaching state pensionable age should have the right to:

- a basic state pension set above the official poverty level and linked to average male earnings.
- a warm and comfortable home.
- free health care treatment based on clinical need and an annual comprehensive health check.
- free community care and services to assist living at home.
- free long-term care.
- free nationwide travel on all public and local transport.
- free education, access to and participation in leisure and cultural activities.
- goods, services and benefits without age discrimination.
- active engagement and consultation on national and local issues affecting older citizens.
- advocacy, dignity, respect and fair treatment in all aspects of their lives.

In relation to BME older people, the NCP is arranging a meeting with the North West Black and Ethnic Elders Working Party. This already exists in London and will set up in the North West.

The group discussed whether the charter would be radically different from the BME perspective. Bill Moores detailed the fact that at the National Conference there was a lower proportion of BME representation than the national average.

One of the issues with regards to pensions was the fact that some older BME women have never worked. They may be ineligible for a basic state pension. Therefore it was felt that there should be a distinction made between "older people" and "pensioners", because the latter may not encompass everyone.

There is a growing older population and a decreasing tax base. It was felt that more resources should be put into the state pension rather than moving away from being the main provider.

In general the isolation of older BME people was discussed. In particular the lack of information filtering through to the BME communities. Services and providers are not using appropriate language or formats and therefore are not overcoming the barriers that exist. It was suggested that everything should be translated into an appropriate language and pitched at a suitable level.

Older people should not merely be treated as a passive recipient of care but with respect and equality.

It was suggested that the issues raised through the charter should be discussed in Tameside through TOPAG and the Older People's partnership

### Notes from Health Workshop at BME issues conference 22.06.05

Introduction from Dr. Siddique (check spelling)

Asked audience – who smokes? Who has smoked and given up? Who has a healthy diet? Who does regular exercise?

Facts about health in BME Communities

- ❑ Incidence of problems such as CHD/Diabetes is very high
- ❑ All above questions relate to risk factors in such diseases, which combined with any genetic predisposition means that heart attacks have a 38% higher incidence in BME communities compared to other communities
- ❑ Therefore need to be very vigilant about health status – stress/diet/exercise
- ❑ Other health issues include higher infant mortality, higher incidence of psychiatric diseases such as schizophrenia, blood disorders such as sickle cell disease, tuberculosis
- ❑ More people from BME communities are detained under the Mental Health Act
- ❑ Tobacco chewing is more prevalent and is considered to be a sign of maturity, this has worrying implications for health, particularly in terms of tongue/mouth cancer
- ❑ More likely to have a lack of vitamin D, which is exacerbated by the different climate and also traditional clothing worn leading to less exposure to sunlight. Vitamin D helps prevent illnesses such as tuberculosis
- ❑ Family marriages for example, between cousins leads to a higher incidence of genetic disorders, there is a need for more genetic counselling
- ❑ Every family needs a health educator to advise about healthy lifestyles and risk factors

Health issues raised by the audience

- ❑ Diabetes – medication management,
- ❑ Not being aware of side effects of medication,
- ❑ Symptoms of illnesses
- ❑ Is it true that the incidence of diabetic retinopathy is higher for the South East Asian Community? Yes, diabetes has an impact also on other target organs

- such as the kidneys and heart. People should therefore have regular check ups. Some GPs have a specialism in diabetes
- Local group offers information and awareness sessions – is there any possibility of someone (professional/doctor) being made available to offer input? Lina Patel will take this request to the PCT
- Time of fasting – need information about the impact of this on diabetes
- Even locality workers have difficulty getting appropriate people to come and talk about conditions, particularly Asthma
- What is being done in terms of health checks for older people? Information is available and anybody wanting research findings can contact Lina
- What impact does eating traditional (for example spicy) food have on health? Anything in excess is not good for you; need to have a balanced diet which includes plenty of fresh food, particularly fruit and vegetables. Need to make sure that diet does not include too much fried food
- 2 year old not eating any fruit – what can I do? Need to see a dietician to get specialist advice on tactics.

#### Presentation given about LUPUS

##### Information given by Lina Patel

- Ethnic Health and Social care strategy has now been developed which gives information about:
  - local health information
  - specific health conditions information
  - action plan
- copies available from Lina
- This has been circulated to services and planning groups to respond with their own actions
- Issues include information provision, access, recruitment and retention, ethnic monitoring
- Information worker for BME communities is now in post and doing research about what works best in terms of disseminating information into communities and developing a set of good practice recommendations.

## NOTES FROM YOUTH WORKSHOP AT BME ISSUES CONFERENCE 22\06/05

Sue Nathan from Tameside's youth service gave an overview of statutory youth provision borough wide and provided the matrix of how the youth service operates locally.

The group were asked to give a description of young people as an ice breaker and to assist with the up coming dialogue.

Descriptions provided:

- Fun loving
- Lively
- Complicated
- Assertive
- Noisy
- Aggressive
- Full of idea's
- Vulnerable
- Thoughtless
- Selfish
- Sensible
- Confused
- Mis understood
- Reliable
- Loving

### OTHER OUTCOMES/ COMMENTS FROM THIS SECTION OF THE EVENT:

Young People need to be seen as an integral part of the community.

It may prove worthwhile to have a Young People Causing a nuisance working group.

Young People are not full accepted at District Assemblies and have been shouted down on occasions.

It was agreed that Young People need a voice in order to influence change.

## SECOND SECTION

Question asked: What are the issues and concerns for young people within Tameside?

### **Responses:**

- Nothing to do.
- Victims of crime.
- Perception of self is constantly being called a problem which aids rebellion by young people not having a stake in society.
- A minority of young people set the general perception for all young people.
- Being let down – when young people are given the opportunity to speak they are not listened to this equals exclusion and young people need to be taken seriously.
- Too often it is the voice of the elected members that is listened to and not the voice of young people.
- Residents complain too much about young people – i.e. complaining about young people walking past their homes when leaving a youth venue.

### QUESTION - HOW CAN WE GET BME YOUNG PEOPLE INVOLVED?

- Cook and eat sessions at a basic level.
- Provide money directly to community groups to survey young people.
- Young people could have a fund to administer to other Youth groups.
- Music projects good example via connexions.
- Outdoor activities.
- Provide provision in accordance with the time of the year.
- Drama.
- Film making.
- Separate provision as appropriate for BME groups of males and females.
- Better information into BME communities to promote youth provision.

## QUESTION – HOW WOULD THE YOUTH SERVICE ENCOURAGE BME GROUPS TO ATTEND PROVISION?

- Via parents, they need assurances that Youth provision is safe for their children to attend.
  - Parental involvement to raise awareness.
  - All agencies need to do more in this area not just the Youth service.
  - Sport; we need access to facilities at a cost we can afford.
  - Awards work – Duke of Edinburgh, Millennium Volunteers etc with recognised qualifications and accreditation.
  - Youth Service could provide role models from within its ranks to promote more involvement.
  - Need to make adults more aware that not all young people are violent hoodies.
  - Young people need to be able to change the mind set of adults who have pre conceptions of young people.
  - Youth Service - T3SC conference; need as wide a representation as possible from BME groups and individuals.
  - Need to engage with Indian Community Centre and other similar venues to develop relationships.
- 
- Families need to work together.
  - Young People want to be away from families as they need their own space, this needs to be recognised and accepted.
  - Council can play a role in opening up Council venues at times when young people want them and not just nine to five! If the Youth service and patrollers are out at night why not other Council/Youth agencies.
  - Young Asian Women may need escorts to and from venues.
  - It is not just the Youth Services job to work with young people it is all society's duty to work with young people.
  - Need more young people to be volunteers; can this be resolved through accreditation?

CLOSE OF SESSION.

Speaker Sue Nathan TMBC

Note taking Colin Kirby T3SC

# Appendix



26<sup>th</sup> May 2005

Dear Colleague,

On behalf of Tameside Third Sector Coalition, I would like to personally invite you to:

**The BME Issues Conference**

**On: Wednesday 22<sup>nd</sup> June 2005, Between 10.00 - 4.00**

**At: Ashton Town Hall, Market Place, Ashton u Lyne, OL6 6DL**

This is a public event organised for the community in Tameside to work on the issues and raise awareness of the diverse community groups that exist. It will be an opportunity to network and to work on the community cohesion and social inclusion agenda.

Various Workshops have been put together on the day through issues that have been raised from the BME Network. A programme has been included for your attention. I would be grateful if you could fill in the form that has been enclosed highlighting your preferred workshop that you would like to attend and feel could contribute too.

There will also be lunch provided for people attending the conference.

I look forward to seeing you there.

Please feel free to contact myself or any of the Network Team if you have any questions or queries.

Yours Sincerely,

Hakeel Qureshi  
Development Worker – BME Communities  
Network Team

**BLACK & MINORITY ETHNIC ISSUES CONFERENCE –  
WEDNESDAY 22<sup>ND</sup> JUNE 2005 - WORKSHOP CHOICES**

Delegate Name: \_\_\_\_\_ Delegate No. \_\_\_\_\_

Workshop Session 1 – 11.00 – 12.30 pm	
<b>(A)</b> Ethnic health awareness – An opportunity to understand the underlying issues effecting ethnic minority’s health and wellbeing in Britain today.	
<b>(B)</b> New Arrivals, New Involvement – Tameside African Refugee Association has been at the forefront of developing effective integration of refugees and Asylum Seekers into established communities in Tameside. Find out how they do this.	
<b>(C)</b> Policing Issues –. The role of GMPA has built a strong community link and has become even clearer. They will look at policing issues that affect you on a local level.	
Workshop Session 2 – 2.00 – 3.30 pm	
<b>(A)</b> Advice Needs of BME Elders – BME elders often suffer the triple discrimination of age, poverty and ethnicity, making access to services a minefield. This workshop will discuss the need for specialist advice and the strengths and weaknesses of present provision.	
<b>(B)</b> Engaging BME Young People – Facilitator Susan Nathan, Tameside Youth Service (TMBC) Sue Nathan will discuss the importance of engaging young people in voluntary work and in local community activities. Learn from youth involvement experts.	
<b>(C)</b> Women’s Empowerment! – This workshop will look at women’s issues and the importance of women in today’s society especially in the BME Community. The workshop will highlight the needs and identify present issues and what support is required. Facilitator will explore the possibilities of development and communication?	

Please select one Choice in Workshop Session 1 and one Choice in Workshop Session 2. Please indicate your choice with the letter corresponding to the workshop.

Please return to the Network Team at T3SC - NO LATER THAN Monday 13th June 2005  
By Post: T3SC, St Michael’s Court, Michaels Square, Stamford Street, Ashton u Lyne, OL6 6XN  
By Fax: **0161 339 0881**

## PROGRAMME

9.30 - 10.00	Registration for All Delegates
10.00 - 10.10 10.10 - 10.40	Welcome, House-keeping & Introductions (PAUL McLeod) 1 <sup>st</sup> Speaker- Rushi Munshi – <b>Director Of CEMVO</b> <i>Community Cohesion and Race Equality Strategy</i> . Our guest speaker will consider the role of local residents in promoting community cohesion and the necessity of engaging the public and particularly young people in discussions about diversity.
10.40 – 11.00	Break Refreshments
11.00 – 12.30	Workshop Session 1:
	<ul style="list-style-type: none"> <li>• Ethnic Health Awareness of BME Communities.</li> </ul>
	<ul style="list-style-type: none"> <li>• New Arrivals, New Involvement.</li> </ul>
	<ul style="list-style-type: none"> <li>• Public Voice on Policing Issues – Greater Manchester Police Authority (GMPA)</li> </ul>
12.30 – 1.30	Lunch
1.30 – 2.00	2 <sup>nd</sup> Speaker – Kevin Mulligan – <b>Chief Superintendent Greater Manchester Police.</b>
2.00 – 3.30	Workshop Session 2:
	<ul style="list-style-type: none"> <li>• Needs of BME Elders – Bill Moore – Pensioners Manifesto</li> </ul>
	<ul style="list-style-type: none"> <li>• Engaging Young People – Sue Nathan, Youth Service (TMBC)</li> </ul>
	<ul style="list-style-type: none"> <li>• Women’s Empowerment – Looking at issues that effect BME Women</li> </ul>
3.30 – 4.00	Informal Networking / Refreshments – delegates then depart

Key Note Speaker  
Rushi Munshi  
'Notes'

Good Morning Ladies and Gentlemen,

During my presentation, if you see tears rolling down my cheek, it is not because I have become emotional for delivering this speech in my home town, but it is because of my hayfever.

I am Rushi Munshi, Director of Country & Regions for CEMVO, which stands for Council of Ethnic Minority Voluntary Sector Organisations. Let me talk about my organisation, CEMVO, so you know where I am coming from.

CEMVO is a national organisation and we have an office in Manchester looking after North West region. Currently, we are focusing on 5 main areas of work:

Capacity Building

Sector Development

Community Asset Programme

Policy & Research

Volunteer & Donor Recruitment

We have a unique capacity building programme for BME voluntary organisations at grass-root level. We appointed 28 Capacity Building Officers throughout the country and put them through MBA in voluntary sector management. This qualification is not available anywhere else in country. It is our own baby in partnership with University of East London. We have also developed a computerised DTK, Diagnostic Tool Kit. Our DTK explores 9 areas of organisational development, right from constitution and Governance and it goes up to ICT strategy. Our CBOs implement the DTK and identify

needs and gaps in the organisations. Then they work with them over a period of time to make the organisations 'fit for purpose'. This could mean up-dating their constitution, strengthening Governance, developing a business plan, looking at funding strategy, etc. A portfolio is developed and submitted to University of East London for verification. Once they are happy with the quality of changes that the programme brought to the organisation, CEMVO will issue a Certificate of Achievement to that organisation. I have 3 capacity building officers for the region, one looking after Greater Manchester, another working in the sub-region of Lancashire and the third focusing on Merseyside.

In terms of Sector development, we have been running a programme for the Inland Revenue on Tax Credit and seminars in partnership with Practice Learning Task Force to highlight opportunities for BME individuals and voluntary organisations throughout the region.

In late 2003, our parent body, Ethnic Minority Foundation, has bought a grade 2 listed building in the heart of the City Centre in Manchester. We have re-furnished the building and have converted it into a Community Enterprise Centre. It has office units for incubation, social enterprises and private sector. EMF House has also got a Conference Room and 4 meeting room, along with a whole floor for the Voluntary sector. We give away each desk with a computer, telephone line, broadband access, storage facilities, printing, faxing and scanning facilities for an all inclusive rent of £1,500 per annum. We also have some virtual tenants who just use our office address and a telephone line.

As part of our Policy & research brief, recently we have produced a Literature Review of the Black & Minority Ethnic Voluntary & Community Sector. I have some copies here for you.

Now that the introduction is over, let us talk about to-day's subject. First of all I am delighted to have been invited to speak at such important event; particularly during a time in Britain when the issue of community relations and religious tensions is high on the political agenda. Also at a time when Government recognises the key role of BME voluntary and community organisations in creating social capital, fostering community cohesion and delivering public services.

Migrants are an integral part of Britain. The country has a long history of migration, with successive waves of immigrants arriving through the different ages. Between 1991 and 2001, the number of people in the UK who belong to an ethnic group grew by 53%, from 3 million in 1991 to 4.6 million in 2001. As the transformation of Britain's demographic and religious profile continues to gather pace, minority ethnic groups are expected to account for half the growth in the country's working age population, by 2010.

Britain's landscape is changing and it is changing rapidly. The Government therefore needs to establish anti-discrimination policies to address many socio-economic factors that contribute to the social exclusion of the BME communities.

It has just started happening with Race Relations Amendment Act, Community Cohesion policy, tackling Health Inequalities agenda, Compact, investment in the voluntary and community sector via Change Up, public organisations such as NHS and Prison Services keen to employ and engage with the BME communities, etc.

Let us talk about some success stories and then come to the issues in Tameside area. The number of BME MPs in the country has increased in the last election. Chief of Muslim Council has been knighted in the recent Queen's Honour's list. Governor of Bank of England praised new EU immigrants for their economic and social contribution to the country. And I could go on and on about BME success in arts, sports, health, education, etc. etc.

We talked about a broader landscape of Britain and its communities. But what is happening at a grass-root level. From my experience and knowledge, there is a lack of involvement and engagement of BME voluntary and community organisations and individuals at all levels. I agree that you have heard this before. I also agree that it is a broad statement. So what does it mean when I say we need increased involvement? And what difference it is going to make to us?

We feel proud when our BME people are recognised at national level but how did they do it? Purely by getting involved and engaging with the system. If you are in it you can influence changes, you have up-dated information that

you could take back to your community, and you could increase the voice of the BME sector and ensure that BME aspects are on the agenda. We as a community need to address inequalities in housing, labour market inequalities, health inequalities, education inequalities, and gender inequalities.

It is only your engagement that can turn equality into reality and this is possible only through active community involvement. You need to be involved either at project delivery level, at committee or board level, in consultation processes and in being pro-active by expressing your views and opinions, articulating how the system works in relation to different sectors.

If you are unsure about the processes talk to T3SC, talk to your contacts in local authorities, have discussions with your funding agencies, network at Greater Manchester or at a regional level. Surprising what you will find that there will be another similar organisation to yours somewhere in the region. Also, you need to come together and form clusters or a joint working approach, for example all BME organisations working with elderly people or in health or education sector come together to become more effective and productive. Let me give you an example of what is happening in Kirklees. There are 11 BME organisations with their own building in Kirklees. This includes Al-Hiqmah Centre, Pakistan Association, Sikh Leisure Centre, Pakistan Kashmir Welfare Association, Alfia Trust, etc. CEMVO is facilitating the process for them to establish a South Asian Consortium with a view to have representation key policy boards, to share funding information, and to make joint bids under the umbrella of Consortium.

I don't know how many of you have considered becoming a Social Enterprise. Advice and support on how to become a Social Enterprise is available from T3SC and the Council. This will enable you to become self-sufficient and not solely relying on public funding. The opportunities are there and will continue to be created and sustained by T3SC but are you doing your bit? Are you taking some responsibility for looking at how to make this work better?

In any game either you are in it or out of it. And if you want to play the game you need to recognise the ways in which you need to work. This is not only a challenge for you but also for T3SC as to how do they enable you to get you to where you want by getting the resources and using them to ensure your sustainability.

One piece of recent research suggests that BME organisations, whilst making funding bids, are not competitively making a pitch. So the idea is good but is not much convincing on paper. If the bid is good most of the times it does not fit into the aims & objectives of the organisation. Reason? The aims & objectives were established when the organisations came into existence but since then, in last 5 to 10 years, the organisation has moved on but the aims & objectives or constitution has not been up-dated. This is how BME organisations are loosing out. Therefore, T3SC is putting in a Change Up bid to hopefully get some extra resources to work intensively with groups for a short period of time to enable them to become 'fit for the purpose' as Funders

would like to see it. But are you ready to get involved? Clearly, you have a choice. Either you are in the game or not.

Tameside Council has been awarded Beacon status for 'Getting Closer to Communities'. As I understand, the Council has demonstrated willingness to work with the voluntary and community sector on this, which is an example of good practice. The Tameside Safer & Stronger Communities Plan for this year has been regarded as one of the next by Government Office for North West region. The Council has been applauded for the partnership Funding Agreement with T3SC, for its core funding. But I think both the voluntary & community sector and the Council will be on the learning path. How do you translate policy into action, how do you involve the sector and at what stage even before consultation and the implications of steps being missed, if there is a top down approach.

In short, BME individuals and voluntary & community sector have made and are continuing to make a significant social and economic contribution to the society and I hope your increased involvement will create even greater impact in Tameside.

Thank you.